

Notice of Privacy Practices

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations and your rights concerning your health information (Protected Health Information or PHI). I must follow the privacy practices that are described in this Notice.

A. Permissible Uses and Disclosures without Your Written Authorization

Treatment: I may use and disclose your Personal Health Information to provide treatment and other services to you for example, to diagnose and treat your mental health issues. In addition, I may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. I may also disclose your Personal Health Information to other providers involved in your treatment.

Payment: I may use and disclose your Personal Health Information to obtain payment for services that are provided to you. I will obtain your authorization to disclose Personal Health Information to your private health insurer, HMO, and other private payer.

Healthcare operations: I may use and disclose your Personal Health Information for your health care operations, which include internal administration and planning, training, and various activities that improve the quality and cost effectiveness of the care that I deliver to you.

Other uses and Disclosures without your consent : By law I am required to break confidentiality when I have received evidence that you might plan to hurt yourself, others, damage property, or when I suspect physical and sexual abuse of a child or dependent person.

Required or Permitted by law: I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research

when approved by an institutional review board, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

1. State law requires me to obtain your authorization to disclose your health information to the state of Oregon for payment purposes.
2. For private clients, state law requires me to obtain you authorization to disclose your health information for payment purposes.

B. Uses and Disclosures Requiring Your Written Authorization

Psychotherapy Notes: Notes recorded by your therapist documenting the contents of a counseling session with you, will be used only by your therapist and will not otherwise be used or disclosed without your written authorization.

Marketing Communication: I will not use your health information for marketing communication without your written authorization.

Other uses and Disclosures: Uses and disclosure of information to any other parties will need written authorization. This authorization may be revoked at any time.

Client Rights:

Right to inspect and copy. You may request access to your records and billing maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's records may not be accessible to you without the written authorization of your minor child.

Right to Alternative Communication. You may request and I will accommodate any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

Right to Request Restrictions: You have the right to restrict your PHI used for disclosure for treatment, payment or health care operations. You must request any such restrictions in writing.

Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by me. This right applies to disclosures for purpose other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

Right to Request Amendment: You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

Changes to this Notice. I may change the terms of this Notice at any time. If I change this notice, I may make the new notice of terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. Effective January 1, 2008.